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AUTHOR Seligman, Linda
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ABSTRACT

Historically, family counseling grew from a focus on the individual to an emphasis on the importance of the entire family as the unit of treatment and the structure of the family as the key ingredient in family functioning. Strategic family therapy (SFT) has evolved from these traditional intervention approaches to the use of a brief, directive, problem-focused approach to address the presenting concern of the family. According to SFT, six attributes characterize a functional and healthy family (parents in control, flexibility, caring and emotional support, individualization within the family, semi-permeable family boundaries, and clear, direct communication). All types of families and problems are suitable for strategic family therapy. Transitions are viewed as the major cause of family difficulties, with symptom removal being the primary goal of treatment. Techniques used in SFT include advice; assignments; confrontation; and paradoxical directives, intentions, and interventions. The counseling process is short-term (10 sessions) involving seven phases from problem presentation to treatment to outcome evaluation. (BL)

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Strategic Family Therapy:

A High-Technology Approach

Linda Seligman, Ph.D., L.P.C.

Associate Professor

Department of Education

George Mason University

4400 University Drive

Fairfax, VA 22030

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Strategic Family Therapy:

A High Technology Approach

Abstract

Paper presents an overview of Strategic Family Therapy, an innovative approach to family counseling developed by Jay Haley and Cloe Madanes.

STRATEGIC FAMILY THERAPY: A HIGH-TECHNOLOGY APPROACH

Historical Overview of Family Therapy

Strategic family therapy has its roots deeply imbedded in the history of family counseling. In order to present it in context, a brief historical overview of the field of family counseling will be provided.

Prior to the 1950's, Sigmund Freud and Carl Rogers were probably the greatest influences on views of the etiology and treatment of emotional difficulties (Nichols, 1984). Although there are certainly many differences between the views of the two men, they were in agreement in focusing on the individual and attributing his/her difficulties to life experiences. Treatment was almost always done with the troubled person seen as an individual and improvement was sought through change in that individual. Although child guidance clinics were available, they, too, focused on the person with the problem and paid little attention to the family system.

The 1950's witnessed the birth of family therapy as an important mode of treatment, pioneered concurrently by Murray Bowen and the so-called Palo Alto group. With Frieda Fromm-Reichmann's theory of schizophrenogenic mothers (domineering, rejecting, insecure women) whose parenting often produced schizophrenic children as backdrop, the Palo Alto group (Gregory Bateson, Jay Haley, Don Jackson, and John Weakland) studied communication in families with schizophrenic members. They came up with the double-bind concept, a form of communication in which conflicting and incompatible messages are transmitted simultaneously, causing anxiety and confusion in the receiver. For example, a parent may encourage a child to be emotional, dependent, and affectionate and then call him a "sissy" when he shows any weakness. Family communication, then, was seen as promoting schizophrenic behavior.

Murray Bowen, too, was studying schizophrenic families. He found that such factors as family enmeshment (lack of differentiation of members), triangling (using one family member, generally a child, to facilitate communication between two others), and the intergenerational transmission process (passing down traits or patterns from one generation to another) all contributed to the development of schizophrenia and other dysfunctional patterns in families. Bowen's theory, then, focused on family systems.

In the 1960's, Virginia Satir (1967), in Conjoint Family Therapy, continued the trend of moving the focus of treatment away from what she called the "identified patient" and onto the whole family. Satir, influenced by Carl Rogers, focused on such issues as the self-esteem of family members, their styles of communication, and family rules and roles. She also called attention to the importance of the father and the marital relationship in addition to the mother who had already been receiving considerable attention.

At about the same time, Haley (1963) began to separate himself from the Palo Alto group and to publish his own ideas about family therapy. His early works, however, placed much greater emphasis on relationships and communication than do present works.

Salvador Minuchin was probably the most important voice in the family therapy movement of the 1970's. His theory (Minuchin & Fishman, 1981) emphasized the importance of the entire family as the unit of treatment and drew attention to the structure of the family (sub-systems, patterns of interaction, hierarchy) as a key ingredient in family functioning. He also developed new forms of intervention designed to alter family structure.

Overview of Strategic Family Therapy

Strategic Family Therapy seems to typify the innovative approaches to family counseling of the 1980's. Developed by Jay Haley and Cloe Mandanes

(1981) and influenced by Milton Erickson's concepts and techniques of hypnosis (Haley, 1973), the approach is brief, directive, and problem-focused. Strategic family therapy advocates treatment of the entire family whenever possible and attends to communication patterns and family systems. However, the focus of the counseling session is on the presenting concern of the family.

Healthy Families

According to Madanes (1981), six attributes characterize a functional and healthy family. The family has a clear and appropriate hierarchy and distribution of power; the parents are in control and there is no "parental child" or child with excessive power. The family is flexible and adaptable; they can handle transitions and crises well without a breakdown of family functioning. The family provides security, caring, identity, and emotional support to its members as well as offering social and recreational opportunities. Individuals in the family are differentiated and are free to develop in unique and separate ways. Family boundaries are semi-permeable; members are neither enmeshed nor disengaged. They can enter and leave the family freely and feel connected to the family but not encompassed by it. Communication is clear, direct, and open; mixed messages are rare. Strategic Family Therapy is an approach that is designed to increase family health and functioning so that the treatment family moves closer to the above parameters.

Principles

Proponents of Strategic Family Therapy view it as suitable for all types of families, regardless of the nature of the presenting problem, the background, or the level of dysfunction in the family. Transitions in families and families' inability to adjust to them effectively are viewed as

the major causes of family difficulties. The departure of adolescent or young adult children from the home is viewed as a particularly difficult transition because of its profound impact on the family structure (Haley, 1980). Strategic Family Therapy, then, takes account of the life cycle of a family and its members' developmental needs as well as the structure of a family. Typical cases presented by Haley and Madanes (1981, 1984) include a grandmother supervising children of a divorced and almost powerless mother and an adolescent/parental child unable to leave home out of fear that the family will fall apart without him/her. Such cases illustrate ths theory's emphasis on structure, power, and hierarchy.

Haley and Madanes seem to view the symptom or presenting problem as a metaphor for the family's underlying difficulties. The symptom, an inadequate solution to the family dysfunction, both embodies and maintains the family structure. A classic example of this is the case of the fire setter presented by Madanes (1981). The oldest child in a single parent, multi-problem family was inappropriately setting fires. In so doing, he provided the mother a focus for her anger, thereby helping her, and also getting himself some attention. By relabelling the boy as an expert on fires and prescribing special times together for the mother and son, the symptom was eliminated, the boy's needs were met more constructively, and the mother was freed to work on her difficulties more successfully.

The primary goal of treatment, then, is symptom removal. The focus of the sessions, ideally including all family members, is on action rather than on insight or expression of emotion. The counselor, however, must have insight into the etiology of the family dysfunction in order to suggest actions that will not only remove the symptom but increase overall family health.

Techniques

Counselors using Strategic Family Therapy tend to be directive; they give advice, suggest tasks and assignments, and confront clients. Rarely do they make an interpretation to clients or explore feelings. Such counselors view themselves as responsible for developing a plan to help the family and solve presenting concerns. The focus is on changing present behavior and maintaining a positive, optimistic outlook; diagnoses of pathology and extensive history-taking are avoided. Rapid change is anticipated and rapid results are sought. If they are not evident, the counselor reevaluates the case and develops a new plan.

Perhaps the most important cluster of techniques used by Strategic Family Therapists are known as paradoxical directives, paradoxical intentions, or paradoxical interventions. These involve changing the clients' views of their concerns in a surprising way, often by advising the clients to do just the opposite of what they say they want to do or expect the counselor to advise them to do. The following are some varieties of paradoxical directive:

1. Relabelling - A symptom or action is renamed or redefined so that it becomes benign and more amenable to change. For example, a client who claimed he was unable to work because he was "crazy" was, instead, viewed as "lazy."

2. Prescribing the symptom - Instructing clients to manifest a symptom but in a specified way can bring the symptom under greater control and lead to its reduction. The symptom may also diminish because, when controlled, it no longer served its previous function. For example, a couple who fight constantly can be instructed to fight from 8-9 p.m. every evening.

3. Predicting a set back - Set backs are common, especially in the early stages of treatment. When they happen unexpectedly, they can be discouraging

and can cause clients to lose confidence in their counselors. Predicting a set back tends to reduce its likelihood of occuring or its intensity if it does occur because clients are prepared for it and want to avert its happening. The prediction also keeps the counselor in control of the sessions.

4. Telling a family that they are progressing too quickly or instructing a temporary return of symptoms are other paradoxical approaches which solidify progress and help to establish an appropriate rate of change.

Another approach used by Strategic Family Therapists involves indirect or metaphorical treatment. In a case related by Madanes (1981), for example, a boy's fear of abandonment was treated indirectly by encouraging the family to adopt and care for a puppy. The boy's concerns were not confronted but were, nevertheless, reduced as he observed the family's commitment to and caring for the dog.

The "pretend" technique is another approach to clarifying symptom-function and reducing difficulties. The family is instructed to re-enact their problem during the counseling session, thereby making it immediately amenable to modification.

It can be seen that the above techniques draw heavily on the power of suggestion and often involve the counselor withholding his/her analysis from the clients, having a sort of hidden agenda. This has led some to criticize Strategic Family Therapists for being manipulative or dishonest with clients and this may be an issue for some practitioners. However, advocates of this model emphasize the effectiveness of these techniques as the primary determinant of their value.

Although Strategic Family Therapists draw heavily on paradoxical and related techniques, their repertoire of skills and approaches tends to be broad and may involve such diverse interventions as teaching parenting and communication skills, providing career counseling, and referring clients for tutoring or sex therapy.

Counseling Process

Strategic Family Therapy is generally a brief process, often no more than ten sessions. Appointments are scheduled on a flexible timetable, according to the counselor's plan. Follow-up is encouraged and families may return for further treatment if subsequent problems develop.

Typically, the counseling process has seven phases. At the outset, the nature of the counseling process is decribed. The presenting problem is discussed and clarified. Further discussion serves to assess dynamics and behaviors maintaining the presenting problem. Treatment goals are then established and behavioral interventions, selected and advanced. Evaluation follows shortly thereafter. If problems have been eliminated, termination ensues. If, however, problems have not abated, the counselor will return to the assessment of those factors maintaining the problem and will alter the treatment plan accordingly.

Conclusion

Strategic Family Therapy holds great appeal for many counselors and clients because it is often effective and efficient and seems to ameliorate a wide range of concerns. It seems to be oblivious to class boundaries and works well with both affluent, sophisticated clients and lower socioeconomic clients who may be less comfortable with counseling and its traditional emphasis on verbal and analytical skills. However, Strategic Family Therapy

is a powerful and complex technique and one that is still evolving (Haley, 1984; Madanes, 1984). Consequently, this paper should be viewed as only an introduction to an innovative and intriguing approach to helping families. Counselors interested in mastering Strategic Family Therapy are strongly urged to seek additional information and training.

References

Haley, J. (1963) Strategies of psychotherapy. New York: Grune and Stratton.

Haley, J. (1973) Uncommon therapy. New York: W. W. Norton.

Haley, J. (1980) Leaving home. New York: McGraw-Hill.

Haley, J. (1984) Ordeal therapy. San Francisco.: Jossey-Bass.

Madanes, C. (1981) Strategic family therapy. San Francisco: Jossey-Bass.

Madanes, C. (1984) Behind the one-way mirror: advances in the practice of Strategic Therapy. San Francisco: Jossey-Bass.

Minuchin, S. & Fishman, H. C. (1981) Family therapy techniques. Cambridge, MA: Harvard University Press.

Nichols, M. (1984) Family therapy: concepts and methods. New York: Gardner Press.

Satir, V. (1964) Conjoint family therapy. Palo Alto, CA: Science and Behavior Books.